



RETURN TO: Attn: _____
 Division of Recreation and Community Services
 5225 W. Vliet Street, Room 162 – Milwaukee, WI 53208

Returning MPS Employee

ID # _____

AVAILABILITY FORM

MPS Employees must live in the City of Milwaukee:

Do you currently live in the City of Milwaukee?

YES NO

Check all Program(s) you worked:

- | | |
|---|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Outdoor Educ / Environmental Educ |
| <input type="checkbox"/> Before & After School Child Care | <input type="checkbox"/> Performing / Visual Arts |
| <input type="checkbox"/> Community Centers | <input type="checkbox"/> Playgrounds |
| <input type="checkbox"/> Field Attendant | <input type="checkbox"/> Summer Recreation Enrichment Camps |
| <input type="checkbox"/> Instructor (Adult) | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Instructor (Youth) | <input type="checkbox"/> Youth Sports |

Name(s) of Recreation Supervisor(s) you worked with last season ONLY: _____

Are you currently a MPS employee? Yes No

If YES, what position and school / location: _____

INSTRUCTIONS: *Print answers in INK. Date and sign the application on the reverse side.*

Last Name		First Name	MI
Former Names Used:			
Address		City / State	Zip
Telephone (Day)	Telephone (Evening)	Cell Phone (Other)	

Are you 18 Years of age or over?

YES NO

MILWAUKEE PUBLIC SCHOOLS IS REQUIRED TO UPDATE CRIMINAL BACKGROUND RECORDS ON EACH EMPLOYEE.

YES NO Have you ever been convicted of or paid a fine for any offense or currently subject to any pending charge(s), including felonies, misdemeanors and ordinance violations? (Do not report minor traffic violations.)

If Yes, in the space below, please list the details of each offense, including the specific offense, the date of the offense, the location, and the disposition of the case (attach additional sheets, if necessary).

NOTE: Convictions and pending charges are not an automatic bar to employment, but are reviewed in relation to the job for which you applied.

CONVICTED OFFENSE:

DATE	LOCATION	CHARGE	COURT	DISPOSITION OF CASE

PENDING CHARGES:

DATE	LOCATION	CHARGE	COURT	DISPOSITION OF CASE

I certify that all statements made on this application are true, complete, accurate and not misleading to the best of my knowledge. I understand that any false or incomplete statements or misrepresentations may subject me to disqualification or dismissal. I further understand that after I am hired and during my employment, I am responsible for notifying the Director of Recreation or his/her designee of any convictions or pending charges involving criminal offenses, including felonies, misdemeanors and ordinance violations.

APPLICANT SIGNATURE _____

Date _____

NOTE: FILLING OUT THIS APPLICATION DOES NOT GUARANTEE AN ASSIGNMENT!

OVER → →

Last Name	First Name
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MPS Employee ID # _____

DAYS and TIMES AVAILABLE for WORK:

EARLIEST DATE AVAILABLE TO START _____

DAY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING HOURS:	_____	_____	_____	_____	_____	_____	_____
AFTERNOON HOURS:	_____	_____	_____	_____	_____	_____	_____
EVENING HOURS:	_____	_____	_____	_____	_____	_____	_____

PREVIOUS MPS Division of Recreation position(s): (Please list most recent first.)

LOCATION:	YEAR:	POSITION:
_____	_____	_____
_____	_____	_____

Yes ___ No ___ Are you related (by blood or marriage) to a current MPS Board Member or employee who is an administrator?
(This includes guardianships as well as legal adoptions.) If yes, list individual name(s) & relationship.

Yes ___ No ___ Are you a student? School _____ Year _____ Major _____

SKILLS / ABILITIES: Please list any New Skills you could instruct or trainings you have had since your last assignment:

CERTIFICATIONS: (Please check (✓) those that apply)

<input type="checkbox"/> (CPR) Cardiopulmonary Resuscitation	<input type="checkbox"/> First Aid	<input type="checkbox"/> Lifeguard Training	<input type="checkbox"/> Water Safety Instruction
Expiration Date : ___ / ___ / ___	Expiration Date : ___ / ___ / ___	Expiration Date : ___ / ___ / ___	Expiration Date : ___ / ___ / ___

↓ FOR OFFICE USE ONLY ↓

WINTER SPRING SUMMER FALL - YEAR 20_____ **RETURNING RECREATION EMPLOYEE**

Job Title _____	Job Classification (Circle one): Recreation Leader <u>I, II, III, IV, V</u>
Location & Address _____	Starting / Ending Dates _____
Rate of Pay _____ Day(s) _____	Hour(s) _____

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Rate of Pay _____ Day(s) _____	Hour(s) _____

INSERVICE 1	INSERVICE 2	INSERVICE 3
Location _____	Location _____	Location _____
Address _____	Address _____	Address _____
Date _____	Date _____	Date _____
Time _____	Time _____	Time _____

Initial / Date Received	Sent To / Date Sent	Comment(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

